



New Business Application for Architects & Engineers Professional Liability Coverage

Effective Date _____

You are applying for coverage that's written on a CLAIMS-MADE AND REPORTED policy. Only claims made against you and reported to us in writing during the policy period are covered, subject to policy provisions. The Limits of Liability stated in the policy are reduced by the cost of defense. Legal defense costs may apply your deductible, if applicable, to the claim. Please consult your policy directly for specific coverage, and direct any coverage questions to your insurance agent or broker.

FIRM INFORMATION		
Firm Name:		Year Firm Established:
Address:		Contact Name:
City:		Contact Email:
County:		Phone:
State:	Zip:	Website URL:

PRIOR CARRIER INFORMATION		
1A. Does your firm currently carry professional liability coverage?		<input type="checkbox"/> Y <input type="checkbox"/> N
1B. How long has your firm been continuously insured?		Please provide retroactive date:
1C. Who is your current insurance company?		
1D. Please indicate policy's current: Premium:	\$	Limit: \$
1E. Please indicate policy's current: Deductible:	\$	Deductible type:
1F. Would you like us to quote the same limits/deductibles as expiring? If so, check yes and skip to question 2. If no, please answer questions 1G and 1H.		<input type="checkbox"/> Y <input type="checkbox"/> N
1G. Please indicate the limits that you would like us to quote:		\$,000 per claim \$,000 aggregate
1H. Please indicate the deductible(s) that you would like us to quote: \$		

2. How many licensed professionals in each category work at your firm?						
	Architects	Engineers	Land Surveyors	Landscape Architects	Other	Total
Principals						
Staff						
Total licensed:						

3A. What percentage of the professional staff at your firm belongs to these professional organizations?					
<input type="checkbox"/> AIA	%	<input type="checkbox"/> NSPE/PEPP	%	Other	%
3B. Is your firm a member of ACEC?					<input type="checkbox"/> Y <input type="checkbox"/> N

ACCOUNTING YEAR DATA			
4. List your professional service billing information below, including billings to consultants.			
	Current Fiscal Year	Past Fiscal Year	Second Past Fiscal Year
4A. Date of Reporting Periods	From: To:	From: To:	From: To:
4B. Total Gross Billings	\$	\$	\$
4C. Direct Reimbursables (not to include sub-consultants)	\$	\$	\$
4D. Sub-consultants	\$	\$	\$
4E. International Work	\$	\$	\$
4F. Abandoned Projects	\$	\$	\$
4G. Separately Insured Projects	\$	\$	\$
4H. Approximate Construction Values	\$	\$	\$
4I. For projects currently covered by a project policy (separate from your practice policy), list below the project name, location, construction values, current status, insurance carrier, and limits of liability.			
4J. If you currently have a supplemental additional limit of liability endorsement (SALE), please provide your firm's billings for the most recently completed fiscal year and estimated billings for each project on the endorsement.			

SERVICES

5. During the past year, what percentage of your firm's billings were performed in these service areas? (Must total 100%)

Alarm Systems/Fire Protection	%	HVAC Engineering	%
Analytical Laboratory Testing	%	Interior Design	%
Architecture	%	Laboratory Testing	%
Chemical Engineering	%	Land Surveying	%
Civil Engineering	%	Landscape Architecture	%
Commissioning/Test & Balance	%	Machinery/Equipment Design	%
Concept Design without Construction Documents	%	Management Consulting	%
Construction/Program Management	%	Marine Engineering	%
Drafting Services	%	Mechanical Engineering	%
Electrical Engineering	%	Mining Engineering	%
Environmental Abatement	%	Nuclear Engineering	%
Environmental Impact Studies	%	Oil/Gas Well Engineering	%
Environmental Permitting	%	Process Engineering	%
Facilities/Operations Management	%	Structural Engineering	%
Feasibility Studies/Reports/Opinions/Master Plans	%	Schematic Design without Construction Documents	%
Forensic Engineering	%	Specialized Non-licensed Technical Consultants	%
Forensic Investigations & Testimony	%	Transportation Engineering	%
Geotechnical Engineering	%	Other (please provide description)	%

PROJECTS

6. What is the approximate percentage of your total gross billings from each project type? (Must total 100%)

Airports (excluding terminals)	%	Hotels/Motels	%	Recreation/Sports	%
Airport Terminals	%	Jails	%	Roads/Highways	%
Amusement Rides	%	Landfills/Solid Waste	%	Schools/Colleges	%
Apartments	%	Libraries	%	Shopping Centers/ Retail/Restaurants	%
Assisted Living Facilities	%	Manufacturing/Industrial	%	Single-Family Residential	%
Bridges	%	Mass Transit	%	Storm Water Systems	%
Churches/Religious	%	Multi-Family Residential	%	Tunnels	%
Condos/Co-ops	%	Nuclear	%	Utilities	%
Convention Centers/Arenas/ Stadiums	%	Office Buildings/Banks	%	Warehouses	%
Dams	%	Parking	%	Wastewater Treatment	%
Dorms	%	Parks/Playgrounds	%	Waste Treatment	%
Environmental Remediation	%	Petro Chemical	%	Water/Sewer/Pipelines	%
Harbors/Ports/Piers	%	Potable Water Systems	%	Other (please provide description)	%
Hospitals/Healthcare	%	Real Estate Development	%		

CLIENTS

7. What is the approximate percentage of your clients from each business type? (Must total 100%)

Commercial Companies & Entities	%	Government – Federal	%	Manufacturing/ Industrial Entities	%
Design-Build Contractors	%	Government – Foreign	%	Real Estate Developers	%
Design Professionals	%	Government – Local	%	Other (please provide description)	%
Financial Institutions	%	Government – State	%		
General/Specialty Contractors	%	Institutional Entities (non- public)	%		
8. Approximately what percentage of your total gross billings is from repeat clients?					%

BUSINESS INFORMATION	
9. Does your firm, any subsidiary, parent or other organization related to your firm, or any principal, partner, officer, director, or employee have a percentage ownership interest, management, or control of a company engaged in:	
9A. Development, sale, or leasing of computer hardware and software to others?	<input type="checkbox"/> Y <input type="checkbox"/> N
9B. Actual construction, installation, fabrication or erection that is over 20% of the services?	<input type="checkbox"/> Y <input type="checkbox"/> N
9C. Real estate development?	<input type="checkbox"/> Y <input type="checkbox"/> N
9D. Manufacture, sale, lease, or distribution of any product, process, or patented production process?	<input type="checkbox"/> Y <input type="checkbox"/> N
10A. Is your firm controlled/owned by or associated with any other entity?	<input type="checkbox"/> Y <input type="checkbox"/> N
10B. Does your firm control any other entity?	<input type="checkbox"/> Y <input type="checkbox"/> N
10C. Has your firm ever been party to any acquisition, consolidation, merger, change in name or change in business organization?	<input type="checkbox"/> Y <input type="checkbox"/> N
10D. Has your firm or any subsidiary or predecessor firm ever filed for or been in receivership or bankruptcy?	<input type="checkbox"/> Y <input type="checkbox"/> N
11. Has your firm or any member of the firm ever had a professional liability policy cancelled or non-renewed by any insurance company, for any reason other than premium nonpayment? (Not applicable in Missouri)	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>If the answer to question 10A, 10B, 10C, 10D or 11 is yes, please provide full particulars below. For 10C, please include a listing of each firm name in chronological order and specify the date of the change, and include claims information for each firm name.</i>	

RISK MANAGEMENT AND LOSS PREVENTION	
12. Does the majority of your staff know and implement your firm's written in-house quality management procedures?	<input type="checkbox"/> Y <input type="checkbox"/> N
13. Do the majority of your firm's projects use an automated master specification system?	<input type="checkbox"/> Y <input type="checkbox"/> N
14. Does your firm have an in-house continuing education program for professional employees?	<input type="checkbox"/> Y <input type="checkbox"/> N
15. In the last year, did at least 50% of your firm's employees attend any Risk Management seminar/webinar?	<input type="checkbox"/> Y <input type="checkbox"/> N
16. Have at least 50% of the firm's employees completed at least one course within a Risk Management continuing education program?	<input type="checkbox"/> Y <input type="checkbox"/> N
17. Does your firm use written contracts on all projects?	<input type="checkbox"/> Y <input type="checkbox"/> N
18. Do at least 51% of your written contracts contain specified payment terms?	<input type="checkbox"/> Y <input type="checkbox"/> N
19. Do at least 51% of your firm's projects involve pre-project planning that result in a project-definition document?	<input type="checkbox"/> Y <input type="checkbox"/> N
20. Are at least 51% of your firm's instruments of service or deliverables peer reviewed prior to delivery?	<input type="checkbox"/> Y <input type="checkbox"/> N
21. Do at least 51% of your firm's projects use a documented constructability review process during design?	<input type="checkbox"/> Y <input type="checkbox"/> N
22. When your firm performs construction contract administration services, do you maintain a documented submittal or shop drawing log that indicates planned dates, actual dates of receipt, and dates of response?	<input type="checkbox"/> Y <input type="checkbox"/> N
23. In projects with subconsultants, do you receive both a written agreement and insurance certificates proving general liability and professional liability coverages?	<input type="checkbox"/> Y <input type="checkbox"/> N

PRIOR CLAIM AND LOSS INFORMATION	
24. In the last 5 years, have any claims/legal action been brought against your firm, its predecessor(s) or any past/present principal, partner, officer, director, shareholder, or employee?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, please provide the following information for each claim below:	
A. Claim date	D. Claim amount
B. Claimant/Plaintiff	E. Insurance company reserve (if any)
C. Allegations	F. Evaluation of exposure/potential liability
	G. Defense & indemnity paid to date
	H. Claim status
	I. Deductible applicable
25. After complete investigation and inquiry, is there any knowledge about any circumstance that could be the basis for a claim under the proposed insurance policy?	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, please provide below the names of project and claimant, dates, nature of situation, and amount of damages.	
Report knowledge of all such incidents to your current carrier before your current policy expires. The insurance policy you're applying for will not respond to incidents you knew about prior to the policy's effective date, nor will coverage apply to any claim or circumstance identified or that should have been identified in Questions 24 and 25.	

FRAUD NOTICE – Where Applicable Under The Law of Your State

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES (For DC residents only: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by applicant.) (For FL residents only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.) (For KS residents only: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.) (For LA residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For ME residents only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.) (For MD residents only: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.) (For NY residents only: and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For OK residents only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.) (For OR residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, may have committed a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.) (For PA residents only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.) (For PR residents only: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.) (For RI residents only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (For TN & WA residents only: Penalties include imprisonment, fines and denial of insurance benefits.) (For VT residents only: any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may be a crime and may be subject to civil fines and criminal penalties.)

REPRESENTATION:

Applicant represents on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee and manager that the person completing this application has the authority to do so on behalf of the applicant, and that after full investigation and inquiry, the information contained herein and in any supplemental applications or forms required hereby is true, accurate and complete and that no material facts have been suppressed or misstated. Further, it is understood and agreed that the completion of this application does not bind the insurance company to sell nor the applicant to purchase the insurance.

Applicant further acknowledges on its behalf and on behalf of each and every partner, officer, director, member, stockholder, employee or insurance manager:

A continuing obligation to report to the Company immediately any material changes in all such information after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes;

If a policy is issued, the Company will have relied upon as representations: the application and any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part hereof. This application will be the basis of the contract and will be incorporated by reference into and made part of such policy.

Name of Principal, Partner or Officer: (Please Type or Print)	Title:
Signature: (Principal, Partner or Officer)	Date:

This application must be reviewed, signed, and dated by a principal, partner or officer of the firm within one month of submission.



Victor Insurance Managers Inc.

Victor Insurance Services Inc. in MN | DBA in CA and NY: Victor Insurance Services | CA Ins. Lic. # 0156109

301-961-9800 • info.us@victorinsurance.com • 7700 Wisconsin Ave, Suite 400, Bethesda, MD 20814